<u>Failure to return this form to the Alabama Department of Public Safety will result in the cancellation of your commercial driver license.</u>

Self-Certification Affidavit (please print)	
Name of Driver:	Alabama License No.:
IMPORTANT: Recent changes in federal regulations a commercial motor vehicles to certify the type of ope 2012, all Class A, B, or C drivers must submit this affibelow, you must also submit a copy of your current current medical card/ certificate on file with the Ala	ration they're engaged in. Effective January 30, davit. *If you check the first self-certification box medical card/certificate and always maintain a
Are you submitting a copy of your medical card/certi	ficate? YES NO (Please circle yes or no)
Please check only one of the following Self-Certifica	tion categories that apply to you.
I certify my commercial transportation is:	
Non-excepted Interstate and subject to 49 CFR Card/Certificate* (medical card/certificate and	part 391. *I am required to carry a DOT Medical this affidavit must be submitted)
Excepted Interstate, but operating exclusively under 49 CFR 390.3 (f), 391.2, 391.68, or 398.3 Card/Certificate* (only this affidavit must be s Transportation performed by Federal and State excepted categories, please refer to the 49 CFF	*I am NOT required to carry a DOT Medical ubmitted) Examples of excepted categories: e Government and Churches. For a complete list of
	na driver qualification requirements. *My CDL has lical Waiver*(only this affidavit must be submitted)
Excepted Intrastate , but operating exclusively from all or part of the State driver qualification submitted)	
Driver's Signature	Date
Please mail or fax the medical card/certificate (if app than 10 days prior to renewing your commercial driv	,
Alabama Department of Public Safety Driver License Division CDL Unit	For questions, please e-mail: e-mail: cdlmedicalmerger@dps.alabama.gov

P.O. Box 1471

Montgomery, Al 36102-1471

334-353-1980 – fax number